JELY OF WAGNETIC RESUNANCE FOURTH SCIENTIFIC MEETING

> NEW YORK HILTON & TOWERS SHERATON NEW YORK

NEW YORK, NEW YORK, USA April 27 - May 3, 1996

💢 Prefer Oral Presentation but | Prefer Oral Presentation but willing to present as a poster | Valvo required (available only for Oral Presentations) | Prefer Poster but willing to make

Oral Presentation

#### TOPIC CATEGORIES ENTER CATEGORY NUMBER



# IMAGING

- Brain—Animal Models Brain—White Matter Brain—Vascular Brain—Functional

- 43 Brain—Functional
  5 Brain—Other
  6 Head, Neek, Spine and Other CNS
  7 Heart—Coronary Heart Disease
  8 Heart—Opnamies and Flow
  9 Heart—Other
  10 Vascular—Non-Neuro
  11 Breast/Chest

- Abdomen Genitourinary---Pelvis Musculoskeletal

- 15. Interventional Applications 16. Outcomes Economics

#### SPECTROSCOPY

- 101. Human Brain—White Matter & Degenerative
  102. Human Brain—Stroke & Seizure
- 102. Human Brain—Tumors and Other 103. Human Brain—Tumors and Other 104. Animal Brain 105. Cardiovascular 106. Abdomen and Pelvis 107. Musculoskeletal

- 107. Musculoskeletat 108. Turnors—Animal Models 109. Cells, Body Fluids, and Other 110. Spectroscopic Quantitation

#### METHODOLOGY

- 201. Angiography 202. Flow Quantification 203. Perfusion 204. Diffusion

- Functional Neuro—Acquisition and Analysis
- 206. Functional Neuro—Models and Mechanisms 207. Microscopy, Non-proton MRI, and ESR 208. Gradients and Hardware
- 209 RF Coils

- 209. RF Coils
  210. RF Pulses
  211. Rapid Imaging
  212. Motion and Artifacts
  213. Other MRI sequences/Reconstruction
  214. Quantitative MRI
  215. Image Processing, and Display
  216. Contrast Mechanisms/MTC
  217. Paramagnetic Contrast Agents
  218. Other Contrast Agents
  219. Safety/Bioeffects/Patient Monitoring
  220. Interventional MRI

- 220. Interventional MRI
- 221. Spectroscopic Localization and imaging 222. Spectroscopy: -Other

### ABSTRACT DEADLINE:

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PROGRAM#

#### Direct R2\* Measurements and Flow Insensitive T2\* - Weighted Studies Indicate a Sustained Elevation of Blood Oxygenaton During Long Term Activation

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### INTRODUCTION:

Prior studies (1-4) have given conflicting results regarding the hemodynamic changes that occur during extended duration simulation. Hathout et al. (1) have observed a decrease in T2\*-weighted (blood oxygenationweighted) MR signal after about 15 minutes of continuous stimulation. Krüger and Frahm et al. (2-3) have observed a decrease in T2\*-weighted MR signal after about 2 minutes of continuous stimulation, but sustained flow weighted (T<sub>1</sub>-weighted) signal. Bandettini et al. (4) have observed sustained T2\*-weighted signal and T1-weighted signal under a variety of stimuli except in conditions of clear habituation. One possible concern in these studies is that T<sub>2</sub>\*-weighted sequences, even with a TR of 3 sec (4), might have some flow weighting.

To address the concern of possible flow weighting, two studies were carried out. In the first study, a time course series of R2\* (= 1 / T2\*) decay maps were directly obtained (5). These maps are insensitive to T1 (flow related) changes. In the second study, a TR of 10 sec was used minimize T1 and/or flow weighting.

### METHODS:

Study 1: Echo-planar imaging was carried out on a Signa 1.5T scanner equipped with a balanced torque three axis gradient coil. Voxel volume was 3.75 mm x 3.75 mm x 5 mm. A series of R2\* maps were obtained by cyclically incrementing the TE by 5 ms, in sequential echo planar images, from 30 ms to 75 ms. The R2\* maps were calculated by a monoexponential fit to the decay curve. One map was obtained every ten seconds. The motor cortex activation paradigm was bilateral finger tapping. Timing was: 1 min off, 1 min on, 1 min off, 4 min on, 1 min off, 4 min on, 1 min off, 1 min on, 1 min off.

Study 2: Echo-planar imaging was carried out on a Signa 1.5T scanner retrofitted with an ANMR resonant gradient system. Voxel volume was 3.12 mm x 3.12 mm x 10 mm. A time course series of images having TE = 40 msand TR = 10 sec were obtained. Visual stimulation timing was: 10 Hz full field black and white alternating checkerboard. The timing was: 1 min off, 1 min on, 1 min off, 20 min on, 1 min off, 1 min on, 1 min off.

Motion correction was performed for both studies.

### RESULTS:

Figure 1 shows the measured R2\* time course from motor cortex. R2\* does not return to baseline at any time during either of the two 4 minute motor cortex activation periods. The extrapolated TE=0 value (sensitive to flow effects and insensitive to oxygenation effects), showed sustained elevation during activation. Figure 2 shows the time course of signal from the visual cortex using a TR of 10 sec. The signal remains elevated during the entire 20 minute stimulation period.

## **CONCLUSIONS:**

Two studies have been carried out by which R2\* changes, caused by blood oxygenation changes, were observed without contamination from flow effects. The conclusion is that blood flow and oxygenation remain elevated during extended duration cortical stimulation. The results of this study appear to coincide with those of Madsen et al. (6), using the Kety-Schmidt technique.

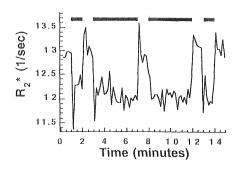


Figure 1: Time course of R2\* from motor cortex duri which the subject performed continuos finger tapping 1 two periods of 1 minute and two periods of 4 minute  $\Delta R_2^*$  remained at about -0.8 1/s during activation.

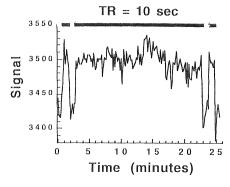


Figure 2: Flow insensitive (TR = 10 sec) T<sub>2</sub>\* - weight signal intensity during 20 minutes of sustained visu stimulation. The signal remains elevated during the enti activation period.

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